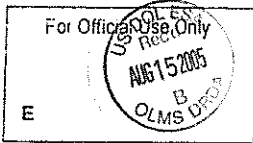


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved by
Office of Management
and Budget
No. 1215-013-
Expires 11-30-02

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 435 or 445.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|--|---|
| 1. File Number U - 2774 | 2. Fiscal Year Covered From 1 / 1 / 04 Through: 12 / 31 / 04 |
| 3. Name and address of person filing. Name JOHNNY R. GYPIN P.O. Box, Bldg., Room No., if any Street 1211 RAPIDES AVE. City ALEXANDRIA State LOUISIANA ZIP Code + 4 71301 | 4. Name, file number, and address of labor organization Name PLUMBERS & STEAMFITTERS LOCAL 247 Labor Organization File Number 046029 P.O. Box, Building and Room Number, if any Street 1211 RAPIDES AVE. City ALEXANDRIA State LOUISIANA ZIP Code + 4 71301 |
| 5. Position in labor organization BUSINESS MANAGER APPRENTICESHIP COORDINATOR | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|---|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent | |
| 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Johnny R. Gypin

On

8-10-05

Date

318-442-9923

Telephone Number

Name of Person Filing

JOHNNY R. GYPIN

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LOCAL 247 EDUCATIONAL TRUST

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 1205 RAPIDES AVE.

City ALEXANDRIA

State LOUISIANA ZIP Code + 4 71301

9. Business deals with:

☒ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9 b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

UNION IS CO-SPONSOR OF TRUST FUND

11.b. Approximate dollar value of such dealing. 91,557.77

12.a. Nature of interest held or income received.

APPRENTICE COORDINATOR

SALARY \$2700.00

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment.

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440

For Official Use Only

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READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| | |
|---|---|
| 1. File Number U - | 2. Fiscal Year Covered From: 1 / 1 / 04 Through: 12 / 31 / 04 |
| 3. Name and address of person filing. Name JOHNNY R. GYPIN P.O. Box, Bldg., Room No., if any Street 1211 RAPIDES AVE. City ALEXANDRIA State LOUISIANA ZIP Code + 4 71301 | 4. Name, file number, and address of labor organization. Name PLUMBERS & STEAMFITTERS LOCAL 247 Labor Organization File Number P.O. Box, Building and Room Number, if any Street 1211 RAPIDES AVE. City ALEXANDRIA State LOUISIANA ZIP Code + 4 71301 |
| 5. Position in labor organization. | |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

| | |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. | |
| 6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 | 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount. |

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Johnny R. Gypin

On

7/6/05

Date

318-442-9923

Telephone Number

ne of Person Filing

JOHNNY R. GYPIN

File Number U-

3. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name PLUMBERS & STEAMFITTERS LOCAL 247
HEALTH & WELFARE

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3900 STERKS RD. SUITE B

City ALEXANDRIA

State LA

ZIP Code + 4 71301

14.a. Nature of payment.

| | | |
|----------|----------------------|-------|
| 2-19-04 | TRUSTEE MEETING MEAL | 57.35 |
| 9-14-04 | TRUSTEE MEETING MEAL | 72.83 |
| 12-13-04 | TRUSTEE MEETING MEAL | 46.64 |

13.b. Is the Business an Employer or Consultant ?

14.b. Amount of payment. 176.82

Name of Person Filing

JOHNNY R. GYPIN

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name THE SEGAL COMPANY

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6575 WEST LOOP SOUTH SUITE 610

City BELLAIRE

State TEXAS ZIP Code + 4 77401

14.a. Nature of payment.

6-17-04 TRUSTEE MEETING MEAL 71.60

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

71.60